ORAL ANSWERS TO QUESTIONS

Services of qualified doctors in the villages

*521, SHRI KHAGEN DAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have conducted a survey to find out the number of villages in the country where the services of qualified doctors are not available;

(b) if so, the details thereof; and

(c) the steps being taken to ensure coverage of all villages by doctors?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) A statement is laid on the Table of the House.

Statement

(a) and (b) There has been no survey conducted by government to find out the number of villages in the country where the services of qualified doctors are not available.

(c) Government is constantly introducing projects and schemes with innumerable and innovative interventions in order to expand the outreach and coverage of health service delivery in the rural areas. The following steps are being taken to improve the availability of
qualified doctors in the rural areas:

(1) Since the appointment and postings of doctors is entirely the responsibility of the State Governmcnts/UT administrations, the State Govcrnmcnts/UT administrations have been advised to take appropriate steps to fill up the vacancies' of doctors in rural areas.

(2) In pursuance of the Resolution of the 6th Conference of Central Council of Health and Family Welfare, held in 1999, the States have been advised to take the following steps to ensure availability of qualified doctors in rural areas.

- To resort to decentralized recruitment of doctors.
- To appoint of doctors on contractual basis.

- To make rural service obligatory for 3 years, for fresh graduates.
- To reserve 25% of post-graduate scats in Medical Colleges, for in service candidates who have worked in rural areas for 3 years.

(3) Reproductive and Child Health Programme interventions for improving the availability of doctors, are:

- State Government is empowered to appoint anaesthetists and specialists on contract basis.
- 24 hours delivery services has commenced in some PHC's CHC's with honorarium to the staff.
- There is provision for the contractual hiring of consultant doctors to visit PHC's for providing MTP Services at least twice every month.
- We now have 97 Mother NGOs covering 412 out of 593 districts. These MNGOs and their field NGOs supplement public sector effort at advocacy, counselling as well as community level non-clinical services.
- Practitioners of the Indian Systems of Medicine are being involved in the delivery of RCH services.

(4) Government have adopted the National Population Policy 2000, which emphasizes the need to augment the existing number of trained medical personnel in the rural areas and in other under-served segments with diverse health care providers, by:

- Reviving the earlier system of the licensed medical practitioners.
- Increasing and augmenting the public-private partnership and providing a role for the non-government practioners.
- Assigning a satellite population to private medical practitioners who may be accredited after due certification by the Indian Medical Association (IMA).

- Involving the non-medical fraternity in counselling and advocacy.
- Collaborating with NGOs to augment advocacy, counselling and clinical services.

SHRI KHAGEN DAS: 'Health for All' is the overall aim of the National Health Policy which was adopted by the Government of India in 1983, in keeping with the Alma Ata Declaration of 1970. Despite some development in the health care infrastructure, the health care delivery system in the rural areas, where three-fourths of the Indian population lives, is most inadequate. There are urban-rural disparities in health infrastructure. Most of the medical services are concentrated in the urban areas. The number of hospital beds per lakh population is 20 in the rural areas as compared to 218 in the urban areas. There are persistent gaps between the need and the availability of medical staff at the primary health centres. Against the national norm of one male and female multipurpose health worker per centre which has a population of 3000—5000, only half the number is sanctioned. There is a shortage of nearly one lakh health workers. The number of pharmacists, lab technicians, X-ray technicians, nurses, midwives, etc. is far short of the requirements. More than 10 per cent of the primary health centres are being run w thout doctors. Now, the Minister has stated that the appointment and posting of doctors is entirely the responsibility of the State Government. Sir, the Central Government formulates the health policy and the State Government has to follow it. In such a situation, the (a) part of my first supplementary is....

MR. CHAIRMAN: What was the need to give the background?

SHRI KHAGEN DAS: This is the background, Sir. There is a disparity between the rural and the urban areas.

MR. CHAIRMAN: My dear friend, the question itself is the background. Now five minutes are lost in your giving the background.

SHRI KHAGEN DAS: Sir, the (a) part of my first supplementary is, will the Minister tell the House what are the specific steps the Government has taken so far to remove the disparities between the

urban and the rural areas and the inadequacies? Part (b) of my supplementary is, is it correct that due to shortage of doctors in different parts of the country, particularly, in the tribal, remote, hilly and backward areas, the incidence of child mortality and various easily curable diseases is very high, compared to the internationally accepted norms? If so, what concrete steps and programmes has the Government taken to combat it, particularly in the tribal, hilly, remote and backward areas?

MR. CHAIRMAN: Your background and (a) and (b) parts of the supplementary have taken five minutes!

SHRI A. RAJA: Sir, there are 22,975 Primary Health Centres available throughout the country. The total strength sanctioned for the PHCs is 29702. The number of existing qualified doctors appointed at present is 25506. Sir, 353 Primary Health Centres are having four doctors, 947 Primary Health Centres are having three doctors and 4585 Primary health Centres aic having two doctors. But, it is true that 1463 Primary Health Centres have no doctors at all, and as stated in my answer itself, health being a State subject, the State Governments have to look after all these things. Inspite of that, as Central Government, we are having a Central Council of Health and Family Welfare, a statutory body, in this Ministry, and we had convened six meetings of this Council. Many suggestions were enumerated during these meetings. The important suggestions are as follows. In October 1995, a meeting was convened by the Council in which a valuable suggestion was made, that the Medical Council of India, which is a statutory body, and which is dealing with the prescriptions of doctors, legislation and other things, should be directed to have a fresh look at this thing that the permanent registration for doctors should be made only after three years' rural service. Once they have completed the M.B.B.S. course, all doctors should be compulsorily made available for the rural health services, and then only permanent registration can be given. This was the first suggestion made in that meeting. While responding to the said suggestion, the M.C.I, has stated that is a statutory body, that some legal involvements are there to make a disparity between the appointments. One thing cannot be given to a particular person.

Apart from that, after a thorough study, the M.C.I, has come forward with a study in which is has been stated that there is no inadequacy of doctors in the rural areas. It is only the maldistribution of doctors in these areas, which has given rise to this problem. The recruitment system, which is being adopted invariably by the State governments, states as to what the norms for the recruitment of doctors are. It does not speak about how doctors should be accommodated in rural areas at the time of recruitment. So, the M.C.I., in turn, made some recommendations. They recommended that at the time of recruitment, the States Governments have to look into the matter of appointment of doctors in the rural areas. This recommendation has been duly intimated to the States also. We are getting a response from the State Governments.

SHRI KHAGEN DAS: Sir, is it correct that a High Level Committee on health manpower and health facilities in the North-Eastern Region, constituted by the Health Ministry, has indicated a serious shortage of specialists, doctors, nurses and other para-medical staff and Primary Health Centres in the North-East? If so, will the Minister enlighten the House what action the Government has taken so far on the report of the High-Level Committee?

MR. CHAIRMAN: I would like to inform the hon. Member that the questions are never read. They have to be put orally.

SHRI KHAGEN DAS: Sir, after three years, I have got this chance to put my question. Is it true that in order to counter the shortages in the North-Eastern region, the Committee has recommended setting up of a Medical College in Tripura? If so, how soon will the Medical College be set up?

SHRI A. RAJA: Sir, this question pertains to the qualified doctors in the rural areas. However, question No. 2 deals with the medical facilities and other things in the North-Eastern States. I will come forward with the answer when we take up that question.

SHRI KHAGEN DAS: The Committee has recommended setting up of a Medical College in Tripura. What is the reaction of the Government?

SHRI A. RAJA: When we take up the second question, at that time, your question will be answered.

SHRI EDUARDO FALEIRO: Sir, the Government of India is a signatory to the Alma Atta Declaration of Health for All by the year 2000. Now, we are in 2001, far from having achieved this thing. What are the reasons for failure to achieve those objectives? And secondly, the whole purpose of our new economic policies of privatisation arfd disinvestment is that more funds will be made available for health and education. As far as health is concerned, in real terms, there is no increase, but there is a decrease in the Budget allocation. I would like to know what the reasons are; and what the Government is going to do in this matter so that the health sector realy gets the priority that it deserves.

SHRI A. RAJA: Sir there is no decrease in the allocation of funds. Of course, 5.2 per cent of the GDP is being spent for the health programme, though , in developed countries, they are spending only 11 to 13 per cent of their GDP. So, there is no question of decrease in the allocation of funds.

SHRI KHAGEN DAS: Sir, this is not correct. I will give you the figures, in the Budget, the investment in health care has been steadily declining as a proportion of Plan expenditure from 3.3. per cent in the First Plan to 1.74 per cent in the Eighth Plan. There is only a slight increase in the Ninth Five Year Plan; that is up to 2.5 per cent.

SHRI A. RAJA: Sir, my answer is, there is no decrease. There is only a slight increase.

MR. CHAIRMAN: There is a slight increase, technically,.... *(Interruptions)*....

SHRI S.R. BOMMAI: Sir, the hon. Minister, in his reply, has said "to make rural service obligatory for 3 years, for fresh graduates". I want to know whether the Government is going to enforce it immediately, or what time it requires.

SHRI A. RAJA: Sir, as I said earlier, as the Central Government, here, we cannot enforce it on the State Governments. We are

advising the State Governments. Many State Governments have responded, and, if I may be permitted to tell the names of some States which have responded duly, Sikkim has already implemented the scheme, and also Manipur. In Tamil Nadu, medical graduates and post-graduates are posted in one of the primary health centres immediately after their recruitment, for three years. In Karnataka, for recruitment of doctors through the Karnataka Public Service Commission, the State Government has imposed upon them a condition to serve three years in rural areas. Likewise, Maharashtra and some other States have also responded duly. We are still in the process of insisting on the State Governments to complete the process, as contemplated in the Central Council's Resolution.

SHRI C. RAMCHANDRAIAH: Sir, there is no dearth of doctors who are ready for this in the country. There is only a very small percentage of doctors who might go abroad where the basic infrastructure is available for further advancement, but the basic reason seems to be a lack of social infrastructure like schools and libraries. These are all lacking in the rural areas. That is one of the greatest concerns, why the country is unable to attract doctors towards the rural areas. As the Minister has stated in the reply, it is entirely the responsibility of the State Governments to recruit doctors. The State Governments are suffering from paucity of funds in this sector. What is the Government proposing to do for augumenting the reasources of the State Governments in this sector so that the doctors are made or encouraged to servce in the rural areas?

SHRI A. RAJA: Sir, as I have said earlier the State Governments are asked to do all these things. In spite of that, one more important step that has been taken by the Central Government is, by virtue of the Seventy-Third Amendment to the Constitution of India, in which all village panchayats are deemed as little republics with full powers, the PRIS (Panchayati Raj Institutions) are empowered to hire doctors, or to appoint doctors on a contractual basis, if the local areas arc not having adequate number of doctors. Sir, this is one step ahead in that process, and I think, Kerala has responded duly in this direction. We will try to find out a solution, as the Kerala

Government did in their own State. We will spread it to all the other States.

श्री सुरेश पचौरी: आदरणीय सभापति महोदय, इस सरकार ने आर.सी.एच. प्रोग्राम यानी रिप्रोडक्टिव चाइल्ड हैल्थ प्रोग्राम प्रारंभ किया है जिसके अंतर्गत 18.16 करोड़ रुपए की राशि आवंटित की गई है। मैं यह जानना चाहूंगा कि जो 18.16 करोड़ रुपए की राशि आवंटित की गई है, इस राशि में से राज्यवार राशि किन-किन राज्यों को कितनी-कितनी प्रदान की गई है और मध्य प्रदेश को इसमें से कितनी राशि प्रदान की गई है?

सभापति महोदय, जैसा कि अभी माननीय मंत्री जी ने बताया कि यह राज्य का विषय है तो अभी कुछ दिन पहले केन्द्र सरकार ने पहल करके रूरल हैल्थ फैसिलिटीज उपलब्ध कराने की दृष्टि से एक मीटिंग आयोजित की थी जिसमें राज्यों के स्वास्थ्य विभाग के लोग आए थे। उस मीटिंग की क्या सिफारिशें थीं, क्या निष्कर्ष निकले, क्या हैल्थ मिनिस्टर उन सिफारिशों पर हैल्दी पहल करेंगे, यह मैं आपके माध्यम से माननीय मंत्री जी से जानना चाहता हूं।

SHRI A. RAJA: Sir, the RCH programme, Reproductive and Child Health programme, is exclusively funded by the Government of India. Through the Department of Family Welfare, many schemes are directly implemented by the Government of India, though they are intended to supplement the State Government's efforts to fulful its needs. Under the RCH programme there are many important things. The State Government is empowered to appoint anaesthetists and specialists on a contractual basis. The funds are released from here for that purpose. Appointment of additional ANMs and midwifes can be done on a contractual basis. The Government of India is provided funds for that through the Ministry. There is a provision for hiring consultants and doctors on a contractual basis.

MR. CHAIRMAN: Do you want this information?

श्री सुरेश पचौरी: सर, मैंने यह जानना चाहा था कि आर. सी.एच. के तहत 18.16 करोड़ की राशि में किन किन राज्यों को कितनी-कितनी राशि दी गई है और मध्य प्रदेश को कितनी राशि दी गई है? अगर फिगर्स एवेलेबिल नहीं हों तो बाद में दे दीजिए।

SHRI A. RAJA: As far as the State-wise allocation is concerned, there is a long tabel. I will send it to the hon. Member.

श्री अनन्तराय देवशंकर दवे: सभापति महोदय, अभी मंत्री जी ने कहा कि State Government is empowered to appoint anaesthetists and specialists on

a contractual basis. तो मैं यह जानना चाहता हूं when the Central Government is funding, हर स्टेट में कांट्रेक्ट बेसिस पर कितने डाक्टर्स काम कर रहे हैं और उनकी संख्या भी बताइए?

SHRI A. RAJA: Sir, I am having the figures, in terms of money. At present, I am not having the information, in terms of persons. I will supply it later, after getting the information from the State Governments.

DR. KARAN SINGH: Mr. Chairman, Sir, this question relates to rural health services and, quite clearly, they remain as they were 25 years ago, when I was the Health Minister. The figure that the Minister has given us about the number of Primary Health Centres without doctors is shocking because there is a contradiction. He says in the reply that the Government is "constantly introducing projects and schemes with innumerable and innovative interventions". But I don't see any innumerable and innovative interventions in the reply. Would you please let me know two things? Firstly, you have to ensure that the Primary Health Centres have a doctor. Otherwise, close those centres. It is a fraud on the people. So, you have to, somehow or the other, ensure that the doctors go there. If they *do* not go there, they have to be dismissed from service. I remember, at one time, they refused to go to the Andamans, We had to dismiss three doctors before anybody went there. The Government doctors are under the disciplinary control of the State Government. So, you must take firm action.

Secondly, I would like to know from the hon. Minister as to what is happening to the formation of a Rural Health Cadre of health workers. Apart from the doctors, you need lakhs of people who can go to the villages and who can help the rural health delivery service. There was a concept, many years ago, of Swasth Sevak, of barefoot doctors, etc., and a lot of schemes were proposed at that time. From the reply, it does not seem that any of those has been implemented. Would the Minister please enlighten us?

SHRI A. RAJA: Sir, as regards the first part of the question, I appreciate the sentiments expressed by the hon. Member. But the

difficulty that the Centra! Government is facing is that the doctors are recruited by the State Government. Of course, in many States we have found that the total number of doctors needed has been duly recruited. That is why the Medical Council of India in its study stated that the recruitments were made in *toto*, but during the course of appointments, the rural areas were not properly represented by doctors and there was a crowd in the urban areas. So, the recruitment rules and norms should be made in such a manner....

MR. CHAIRMAN: He had put a different a question. He said, "Will you take action against those who do not go to the rural areas?".

SHRI A. RAJA: As far as the Central Government is concerned, the hon. Member is aware that we cannot take any stringent action from here. We are insisting on the State Governments to make stringent rules.

DR. KARAN SINGH: There is the Central Government Health service also. At least, you can act aginst them, the doctors who are directly under your Ministry.

SHRI A. RAJA: With great respect to the Chair and the hon. Member, I think we are not having exclusive right to punish them. However, we are insisting on the State Governments....

MR. CHAIRMAN: The Question is: Are you sending them to the rural areas?

SHRI A. RAJA: Yes, Sir. We are sending them to the rural areas.

MR. CHAIRMAN: If they are not going there, are you punishing them?

SHRI A. RAJA: It has to be looked into by the State Governments.

MR. CHAIRMAN: It is not the State Governments. He is talking of the' Central service.

SHRI A. RAJA: It is not under the Central service. The question of Central service does not arise.

MR. CHAIRMAN: There is a Central service also. He is talking of the Andamans and all that.

SHRI A. RAJA: There is no such service under the Central Ministry.

MR. CHAIRMAN: The CGHS is there.

SHRI A. RAJA: The CGHS is only in the urban areas.

DR. KARAN SINGH: Mr. Minister, you please check your facts before you talk about there not being a service. There is the Central Government Health Service. There are doctors in various Union Territories around the country, in Chandigarh, in the Andamans, the Lakshdweep, etc. You please recheck your facts and answer. Otherwise, you will get into trouble.

SHRI A. RAJA: Sir, so far as the CGHS is concerned, we have not comes across any such thing. In the case of Primary Health Centres, which is being governed by the State Governments, these are the problems. We will look into it.

Construction of permanent buildings of 'NEIGRP Shtllong

*522. SHRI ONWARD L. NONGTDU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether construction of permanent buildings of the North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shitlong have been started on the permanent site; and

(b) if not, the reasons for delay and the anticipated date from which construction will start?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) A statement is laid on the Table of the House.

Statement

(a) and (b) Construction activities of permanent buildings of the North Eastern Indira Gandhi Regional Institute of Health and